

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

TAYLOR GRIFFIN FOR CONGRESS

ADDRESS (number and street)

PO BOX 3451

Check if different
than previously
reported. (ACC)

NEW BERN

NC

28564

2. FEC IDENTIFICATION NUMBER ▼

C

C00550053

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NC

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2014

through

M M / D D / Y Y Y Y

09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HENRY CLARK WARD

Signature of Treasurer

HENRY CLARK WARD

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 13 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

TAYLOR GRIFFIN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	-525.00	316050.54
(b) Total Contribution Refunds (from Line 20(d))	0.00	19225.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-525.00	296825.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4027.46	300963.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4027.46	300959.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2866.53	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	7500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

TAYLOR GRIFFIN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

-500.00

269110.54

(ii) Unitemized.....

-25.00

8890.00

(iii) TOTAL of contributions from individuals ▶

-525.00

278000.54

(b) Political Party Committees.....

0.00

50.00

(c) Other Political Committees (such as PACs).....

0.00

35500.00

(d) The Candidate.....

0.00

2500.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

-525.00

316050.54

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

7500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

7500.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

4.02

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

-525.00

323554.56

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 9

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4027.46	300963.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	19225.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	19225.00
21. OTHER DISBURSEMENTS	0.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4027.46	320688.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7418.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	-525.00
25. SUBTOTAL (add Line 23 and Line 24).....	6893.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4027.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2866.53

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

DENISE GITSHAM

A.

Mailing Address 721A CAMINO DEL MAR

City

DEL MAR

State

CA

Zip Code

92014

FEC ID number of contributing
federal political committee.

C

Name of Employer

7 SECOND STRATEGIES

Occupation

PRINCIPAL

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11Al.616

Amount of Each Receipt this Period

-500.00

CHARGEBACK

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

-500.00

-500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 9

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MAJORITY STRATEGIES

Mailing Address 135 PROFESSIONAL DRIVE STE 104

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

Purpose of Disbursement
VOID OF PREVIOUS DUPLICATE PAYMENT

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2014

Amount of Each Disbursement this Period

23.52

Transaction ID : SB17.613

B. NATIONBUILDER

Mailing Address 448 S HILL ST STE 200

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
WEBSITE MAINTENANCE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

Amount of Each Disbursement this Period

149.00

Transaction ID : SB17.618

C. NATIONBUILDER

Mailing Address 448 S HILL ST STE 200

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
WEBSITE MAINTENANCE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2014

Amount of Each Disbursement this Period

149.00

Transaction ID : SB17.610

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

274.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 9

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NATIONBUILDER

Mailing Address 448 S HILL ST STE 200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

City	State	Zip Code
LOS ANGELES	CA	90013

Amount of Each Disbursement this Period

149.00

Purpose of Disbursement
WEBSITE MAINTENANCE

001

Transaction ID : SB17.619

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. PIRYX INC

Mailing Address 144 2ND ST 1ST FLOOR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2014

City	State	Zip Code
SAN FRANCISCO	CA	94105

Amount of Each Disbursement this Period

-14.38

Purpose of Disbursement
VOID OF PREVIOUS DUPLICATE PAYMENT

001

Transaction ID : SB17.612

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. PUSH DIGITAL

Mailing Address 1202 MAIN ST SUITE C

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2014

City	State	Zip Code
COLUMBIA	SC	29201

Amount of Each Disbursement this Period

1706.30

Purpose of Disbursement
ONLINE ADVERTING

001

Transaction ID : SB17.608

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1840.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 9

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

TAYLOR GRIFFIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RALLY.ORG

Mailing Address 144 2ND ST FIRST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
VOID OF PREVIOUS DUPLICATE PAYMENT

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		20		2014

Amount of Each Disbursement this Period

1797.56

Transaction ID : SB17.611

B. ROSE STRATEGIES

Mailing Address 631 PENNSYLVANIA AVE SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
STRATEGY CONSULTING

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		25		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.609

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1797.56

3912.96

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 9

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.221

TAYLOR GRIFFIN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

WILLIAM T GRIFFIN

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6113 HARBOURSIDE DRIVE

City

State

ZIP Code

NEW BERN

NC

28560

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 31 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2027

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

TOTALS This Period (last page in this line only)..... ►

7500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.